

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568425

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
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47		2		1		
48		2		1		
49		2		1		
50		2		1		

TOTAL IND.

↓      1      ↓      ↓

TOTAL DEP.

↑      26      ↑      ↓

TOTAL CLAIMS

27

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

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99			
100			

TOTAL IND.      ↓      ↓      ↓

TOTAL DEP.      ↑      ↓      ↓

TOTAL CLAIMS      ↓      ↓      ↓